



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

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## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII  
STATE ETHICS COMMISSION

### PART I LOBBYIST

|   |          |          |            |
|---|----------|----------|------------|
| NAME(Last)  | (First)  | (Middle) | TELEPHONE  |
| Endo-Omoto  | Darcy    | L.       | 547-5600   |
| MAILING ADDRESS (Street)  | (City)   | (State)  | (Zip Code) |
| P. O. Box 3196  | Honolulu | HI       | 96801      |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |          |          | TELEPHONE  |
| Goodsill Anderson Quinn & Stifel  |          |          | 547-5600   |
| MAILING ADDRESS (Street)  | (City)   | (State)  | (Zip Code) |
| Same as above.  |          |          |            |

### PART II ORGANIZATION

|  |                  |         |            |
|--|------------------|---------|------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         | TELEPHONE        |         |            |
| MultiState Associates, Inc. on behalf of<br>U.S. Smokeless Tobacco Co.         | 703/<br>684-1110 |         |            |
| MAILING ADDRESS (Street)   | (City)           | (State) | (Zip Code) |
| 515 King Street, Suite 300   | Alexandria       | VA      | 22314      |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE        |         |            |
| Paul W. Hallman  | 703/<br>684-1110 |         |            |
| MAILING ADDRESS (Street)   | (City)           | (State) | (Zip Code) |
| Same as above.   |                  |         |            |

### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development     |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                           |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                                 |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health               | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)<br>Taxation |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        |   |

### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*[Signature]*

(Signature of Lobbyist)

*1/22/03*

(Date)

### PART V AUTHORIZATION TO LOBBY

|  |  |                |            |
|--|--|----------------|------------|
| NAME   | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |                |            |
| Paul W. Hallman  | President  |                |            |
| NAME OF ORGANIZATION (if applicable)   | TELEPHONE  |                |            |
| MultiState Associates, Inc.  | 703/<br>684-1110                                   |                |            |
| MAILING ADDRESS (Street)   | (City)   | (State)        | (Zip Code) |
| 515 King Street, Suite 300   | Alexandria   | VA             | 22314      |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. |  |                |            |
| <i>[Signature]</i>   |  | <i>1/22/03</i> |            |
| (Signature of Authorizing Officer or Person Represented)   |  | (Date)         |            |